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DEAF PEOPLE'S PERCEPTIONS IN THE FACE OF THE HEALTH CARE AND THE NURSING TEAM

PERCEPÇÕES DE SURDOS DIANTE DA ASSISTÊNCIA À SAÚDE E DA EQUIPE DE ENFERMAGEM

PERCEPCIONES DE SORDOS ANTE LA ASISTENCIA A LA SALUD Y EL EQUIPO DE ENFERMERÍA

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Objective: to understand the perceptions of deaf people regarding communication in health care. Methodology: qualitative research, typified as descriptive. Deaf participants attending an Association of Parents and Friends of the Deaf People in the countryside of Rio Grande do Sul were interviewed. The data was transcribed and analyzed using the thematic content analysis method. Nvivo software was used to organize the data. Results: participants have different access to and reception of health care than hearing people, since they communicate using visuospatial language. They mentioned an ambiguous interpretation between the need for family presence and the search for autonomy. Final considerations: although written communication is more common, it is not the best way to provide information. The health team should be aware that although the deaf person is accompanied, they may not want a third party to be present during care.

Descriptors: Deafness. Hearing Loss. Nursing Care. Comprehensive Health Care. Nursing.

Objetivo: apreender as percepções de surdos quanto à comunicação diante da assistência à saúde. Método: pesquisa de abordagem qualitativa, tipo descritiva. Foram entrevistados participantes surdos que frequentam uma Associação de Pais e Amigos dos Surdos no interior do Rio Grande do Sul. Os dados foram transcritos e analisados segundo o método de análise de conteúdo temática. Foi utilizado o software Nvivo para organização dos dados. Resultados: participantes têm acesso e acolhimento na assistência de saúde diferente das pessoas ouvintes, visto que se comunicam por linguagem visuoespacial. Mencionaram uma interpretação ambígua entre a necessidade da presença da família e a busca de autonomia. Considerações finais: a comunicação escrita, apesar de ser mais corriqueira, não é a melhor maneira de fornecer informações. A equipe de saúde pode atentar para o fato que apesar da pessoa surda estar acompanhada, pode ser que, durante a assistência, ela não queira a presença de um terceiro.

Descritores: Surdez. Perda Auditiva. Cuidados de Enfermagem. Assistência Integral à Saúde. Enfermagem.

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Objetivo: captar las percepciones de personas sordas con respecto a la comunicación en la asistencia a la salud. Método: investigación cualitativa y descriptiva. Se entrevistó a dos participantes sordos que frecuentaban una Asociación de Padres y Amigos de Sordos en el interior del estado Rio Grande do Sul. Se transcribió y analizó a los datos según el método de análisis de contenido temático. Se utilizó al software Nvivo para organizar a los datos. Resultados: el acceso y acogimiento de los participantes en el servicio de salud es diferente de aquello de las personas sin dificultades auditivas, pues se comunican por medio de un lenguaje visual-espacial. Ellos mencionaron una interpretación ambigua con respecto a la necesidad de la presencia de la familia y la búsqueda de autonomía. Consideraciones finales: la comunicación escrita, aunque sea la más común, no es la mejor manera de transmitir informaciones. El equipo de salud debe tener en cuenta que, mismo que la persona sorda tenga alguien con ella, es posible que no quiera un tercero presente en el momento de recibir asistencia.

Descriptores: Sordera. Pérdida Auditiva. Atención de Enfermería. Atención Integral de Salud. Enfermería

Introduction

Language is essential in the formation of human thought and character, allowing individuals to structure and translate what they feel, record what they know and communicate with other people. It marks human beings' entry into culture, relates and transmits their knowledge, building them up as subjects capable of producing transformations(1).

In this sense, it is understood that communication is a basic human need and deafness can be a condition that causes adversities and barriers in the socialization process. The deaf person's language can be compromised by the interpretation of the subjects involved in the conversation(2).

According to estimates by the World Health Organization (WHO), the 2019 Demographic Census carried out the National Health Survey, which found that 6.2% of the Brazilian population has some kind of disability, including hearing, visual, physical, and intellectual disabilities. Deafness affects around 1.1% of this population. Around 0.9% acquired hearing loss through illness or accident and 0.2% had it since birth. Thus, 20.6% of the hearing-impaired population had an intense or very intense degree of limitations or were unable to carry out their usual activities and 8.4% of this population already attended a rehabilitation service(3).

The language used by deaf people is the Brazilian Sign Language (Libras, as per its Portuguese acronym) and was regulated by Decree nº 5.626, dated December 22, 2005(4). It is a visual sign language, with its own grammatical structure, where deaf people use their hands, in combination with their arms, chest and head, and address any type of subject.

Libras is recognized as a fundamental tool for the communication and education of deaf people, enabling inclusion and independence not only for deaf people, but for everyone who is part of their environment. Learning Libras, if started early, enables deaf children to express their feelings, desires and needs more quickly and naturally, to structure their thinking and cognition and to interact socially, activating language development(1). As a result, visual communication becomes essential, both for learning oral Portuguese and for acquiring sign language.

Libras is still not widely disseminated in Brazil. Given that communication is an essential tool in all kinds of relationships, when it comes to deaf people, there are often barriers in this process that can compromise the interaction between the user of a health service and some professionals.

With regard to the social inclusion of deaf people in health services, as well as in the context of care practices, it is important to emphasize that the difficulty of relating to deaf people is not general, as some professionals try to learn ways of relating effectively, in order to provide well-being and transmit greater confidence, establishing themselves as an essential factor in the quality of the services provided. However, there is still a need for strategies to be adopted by health establishments with a view to providing comprehensive care for deaf people, making it easier for professionals to meet their real needs(2).

One study, which conducted interviews with nursing professionals, stated that all 20 interviewees reported having provided care to deaf users during their professional lives without knowing Libras. They also reported difficulty in communicating with the deaf user, using other senses such as gestures, writing and lip-reading in their care, resulting in a lack of effective communication between the professional and the user(5). To achieve this, professionals need to be able to interact with these patients, who must be properly informed about their pathology and its restrictions, thus preparing themselves for the problem, so that they can take care of themselves and improve their clinical condition.

The professional can develop with the patient the use of the gaze, knowing how to wait for the person to look at him/her; to point at the object, the event, or the person they are talking to. Affection, warmth, and friendship are also fundamental components of dialog and interaction(1).

This study seeks to justify and understand the perceptions of deaf people in health care. It aims to contribute to the quality of care, benefiting the work of nursing teams, so that they take a new look at the issues surrounding the care of people with deafness.

From this perspective, the inclusion of deaf people in health care and assertive communication with the nursing team is essential in order to get to know the people who are there, favoring the exchange of information and understanding for both parties. Therefore, communication is a fundamentally important tool in health care, but it is important for professionals to find the best ways of communicating with patients, whether through the use of Libras in direct conversation, writing, lip-reading, the presence of an interpreter for translation, or gestures, in order to favor care. Given this context, the problem of this study is to find out how deaf people perceive communication in health care. In light of the above, this research aims to understand the perceptions of deaf people regarding communication in health care

Methodology

This is a qualitative research, typified as descriptive(6). To ensure the quality of the essay, the Consolidated Criteria for Reporting Qualitative Research (COREQ) protocol was used(7). The research was developed through contact with a philanthropic entity of the Association of Parents and Friends of the Deaf People (APASSA, as per its Portuguese acronym), located in the countryside of the state of Rio Grande do Sul, which aims to assist, guide, and integrate deaf people into society by reducing communication and inclusion barriers that the deaf community faces in daily life.

According to the Brazilian Institute of Geography and Statistics (IBGE, as per its Portuguese acronym), around 6% of the population of the city where the association's headquarters are located has hearing loss, that is, 4,345 people. According to APASSA's register, 128 deaf people are members, 65 of whom use Libras(8).

The first contact with APASSA occurred with the coordinator to present the research project and request authorization for its realization. After approval to develop the research, it was presented in an online meeting for the group participants, with simultaneous translation into Libras. At the end of the explanation, the participants of the meeting who were interested in participating in the data collection were asked to mention it. Interviews were scheduled with the participants of the group, according to the availability of each one.

The following inclusion criteria were considered: being deaf, being a user of Libras, having received care from a nursing team in primary care or hospital during life, and agreeing to sign the Free and Informed Consent Form (FICF). Exclusion criteria were group participants who were not present during the period scheduled for data collection.

For data collection, a semi-structured online interview was used, carried out at a time agreed between the researcher, the participant and two Libras interpreters, on September 21, 2020, in the afternoon. A script was used to collect sociodemographic data, considering age, gender, marital status, and schooling. Semi-structured questions were asked about the experience of nursing care and the verbal and non-verbal communication used during health care. The interviews were digitally recorded with the authorization of the interviewees and transcribed in full for analysis.

The data was transcribed and returned to the participants for comments and corrections before analysis, maintaining the grammatical construction characteristic of their expressions. The data was then analyzed using the thematic content analysis method. After collection, the information was transcribed in full and then analyzed using the content analysis technique: pre-analysis, exploration of the material and treatment of the results, inference, and interpretation(9). NVivo software was used to help us to reflect the multidimensionality and depth of the results(9).

The ethical and scientific requirements for research involving human beings were ensured, in accordance with Resolution 466/2012 of the Brazilian National Health Council(10). The research was approved by the Research Ethics Committee under Opinion nº 4.046.205. All participants signed the online FICF and the co-participating institution formally authorized the research.

Specific coding was used to present the results, in order to refer to the different participants in the study and to ensure the confidentiality of the information provided. They were identified as Participant 1 (P1), Participant 2 (P2), and so on.

Results

The research had the participation of four deaf people, two females and two males, in the age group between 22 and 25 years. Two interviewees reported being single and the other two had a stable union. Regarding education, one participant had completed high school, two were attending higher education and the fourth participant had completed higher education and was attending the second undergraduate course.

Regarding the mastery of Libras, the four participants had their first contact with the language in childhood (between three and five years old), and all of them started learning in early childhood education, where they learned the basics and then improved with new signs and with the evolution of the communication process.

The interviews were organized into three categories, which allowed the data collected to be structured and named: Deaf people's perceptions of health care; Deaf people's perceptions of nursing care; and Presence of deaf people's families in health care.

Deaf people's perceptions of health care

In addition to doubts about their own health, deaf people face a lack of information during procedures, which can intensify their insecurity and fear when they go to the health services to receive care, or even lead them not to go to a health service at all, due to the memory of a failure in reception, which increases negative feelings related to the expectation of not being understood in order to achieve a goal, health.

In the word tree (Figure 1), created with the interviewees' speeches, we can see some excerpts from the participants' speeches in relation to care. The tree was set up with the word care at the center, as it was used by the participants as a synonym for health care during the interviews.

Figure 1 – Word tree formed by the participants of the research about care in health services in a city in Southern Brazil

Caption:

Consulta de pesquisa de texto – Visualização dos resultados; atendimento; a pessoa que me prestar; ali, de usar imagens, nesse; da acessibilidade da parte; então, também são questões; médicos e o pessoal; do; gritando lá, na; um limite nessa questão; é questão relacionada ao; é difícil; quando precisei de; essas tentativas de consulta; então, eu já tive; libras justamente para ter esse; solicitei e não teve; então, se comparar com; eu estou sentindo; ter; qualificação justamente para melhorar; veio a enfermeira realizar; questão a não ser naquele; do surto para prestar; libras e poder dar um; e se meus pais morrem; a saúde que precisam ser; ali, da frente, o pessoal; as pessoas surdas; minha orientação; buscar chamar um intérprete; precisa com qualidade; mês passado já; de como é que seria; diferenciado; as pessoas surdas; uma para o surdo, geralmente; e administração de medicamento e é realmente a primeira coisa; no hospital por causa que; para ouvinte, ela é diferente; pensando em todos os surdos; porque daí não tem muito; quando era criança, minha família; que eu preciso, então, é; se souberem, já facilita bastante; sozinha, eu mostrei para ele; tem o acompanhamento de um.

Text search query – Viewing results; service; the person who provides me; there, of using images, in this; of the accessibility of the part; so, there are also issues; doctors and staff; of; shouting there, in; a limit on this issue; it is an issue related to; it is difficult; when I needed; these consultation attempts; so, I already had; libras precisely to have this; I requested and it did not have; so, if compared with; I am feeling; to have; qualification precisely to improve; the nurse came to carry out; issue except in that; of the outbreak to provide; libras and be able to give one; and if my parents die; the health that needs to be; there, in front, the staff; deaf people; my guidance; seek to call an interpreter; needs with quality; last month already; of how it would be; differentiated; deaf people; one for the deaf, generally; and medication administration, and it is really the first thing; in the hospital because; for hearing people, it is different; thinking about all deaf people; because then there is not much; when I was a child, my family; what I need, so, is; if you know, it already makes things much easier; alone, I showed him; it has the accompaniment of one.

Source: designed by the authors

The deaf population has access and reception in health care differently from hearing people, since they communicate through visuospatial language and have their own cultural characteristics.

Thus, it is possible to observe the salience of feelings and the lack of information of the deaf in relation to the care provided to them:

> *Sometimes, I also feel insecure because of the accessibility, because of the issue of not knowing a medication, I am always in doubt about this part because I do not have the understanding of what was passed on the prescription. So, I am a little sensitive about this of not having this security* [...] *I feel a little excluded, I feel different from the listeners, I know that I am a citizen and a person like everyone else and, sometimes, I think I am a clown in some spaces and places for not having this accessibility, so I feel really excluded. Sometimes, I have a lot of doubts about how it will be and I get really insecure.* (P4).
>
> *There is no clear communication, there is no understanding of the issue of the history of the disease itself. Anyway, there can even be the issue of medicine too, care itself, and if there is no clear communication, there are not very significant reflections on people's lives.* (P3).
>
> [...] *it is important for professionals to know a little Libras or call a Libras interpreter to be able to follow up.* (P1).

These speeches reflected the difficulty of access to health services in general, where the participants exposed negative factors that are conditioned as obstacles to access public health services, causing their rights to be compromised, especially regarding the information of their diagnosis or treatment.

A situation that can be reflected by health professionals is the inclusion of the public served in offices and clinics with the planning for the possible reception of patients with deafness, as shown in the following speech:

> *For example, the issue of calling the person and the deaf person is not listening, there is no point in shouting there. In the matter of service, the first thing to think about is accessibility, because then there is not much for the deaf to do, they will waste hours there, because they always have to remember that the deaf are visual, so everything they do is visual* [...] *people are afraid to believe what the deaf are saying. They even called my mom when I went to the dentist because they were worried that I was alone.* (P4).

Deaf people's perceptions of nursing care

Nursing care was one of the main themes of this research, but it was possible to see from the survey of the terms mentioned most frequently by the participants that they explored nursing very little (Figure 2).

Figure 2 – Word cloud formed by the words most frequently used by the research participants.

Caption:

Atendimento; pessoas; surdo; médico; medicação; sozinha; saúde; libras; pessoa; intérprete; sozinho; hospital; família; difícil; escrita; comunicação; informações; medicamento; acessibilidade.

Service; people; deaf; doctor; medication; alone; health; libras; person; interpreter; alone; hospital; family; difficult; writing; communication; information; medication; accessibility.

Source: designed by the authors

The terms “communication”, “Libras”, “service”, “difficult”, “people” and “information” stand out. These words clearly summarize what the participants said about the care they received during their lives. Thus, the words Libras and communication, which were the most frequent in the speeches, revealed that these are considered important in the relationship with health care. The study participants were unanimous in describing the care provided by nursing professionals during their services:

> *I even mentioned that the insertion of the medication was hurting and the nurse continued to administer it even though I was making a sign of pain with signs. This issue of communication in these environments is very difficult.* (P2).

> *The damage that a medication can bring to the person’s life, the issue of accessibility in places for the deaf, as well as even the issue of signs. Nursing has to have a lot of patience, because the deaf person sometimes ends up being nervous and stressed because he/she is not understood.* (P3).

It was also reported that communication is difficult and that nurses can assess each person with deafness as an individual who has specific communication needs, as can be seen in the following speech about the attempt by a nursing professional to use a cell phone application during a consultation, so that both sides could understand each other effectively:

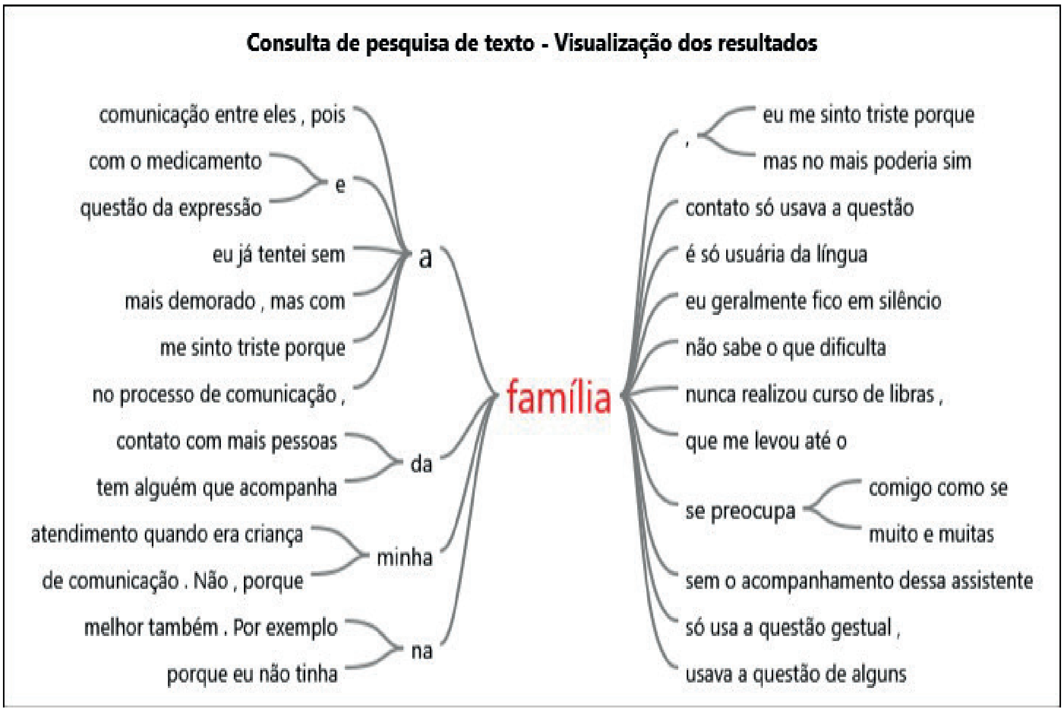
> *Once I was hospitalized, only a nurse downloaded an application to be able to communicate, this after a few days that I was already hospitalized. Then he tried to use communication by showing. First, he used writing; Later, he found out that he had this app to use, I understood a little, it was difficult even so, but it already helped.* (P2).

Presence of deaf people’s families in health care

With regard to communication in their family environment, one participant reported that no member of his family knows how to communicate in Libras, the other two participants reported that their mother has basic knowledge of Libras, while the mother of the fourth participant has fluent knowledge of Libras, as she is an interpreter. The participants also mentioned that the other family members have no knowledge of the language, they do not talk or interact effectively with the deaf person and so communication is restricted.

According to the participants, health services are provided together with a family member or care partner. However, although the presence of this companion is important, this help does not guarantee the privacy and autonomy of the subject and it can often be impossible to successfully transmit information, which can change the meaning of the communication content. The word tree (Figure 3) shows some of the participants’ speeches about the presence of companions during health care.

Figure 3 – Word tree formed by the participants about the presence of the family in health care



Caption:

Consulta de pesquisa de texto – Visualização dos resultados; comunicação entre eles, pois; com o medicamento; questão da expressão; e; a; da; na; minha; família; eu já tentei sem; mais demorado, mas com; me sinto triste porque; no processo de comunicação; contato com mais pessoas; tem alguém que acompanha; atendimento quando era criança; de comunicação, não porque; melhor também; por exemplo; porque eu não tinha; eu me sinto triste porque; mas, no mais, poderia sim; contato só usava a questão; é só usaria a língua; eu geralmente fico em silêncio; não sabe o que dificulta; nunca realizou curso de libras; que me levou até o; se preocupa; comigo como se; muito e muitas; sem o acompanhamento dessa assistente; só usa a questão gestual; usava a questão de alguns.

Text search query – Viewing results; ; communication between them, therefore; with the drug; question of expression; and; the; of; in; my; family; I have tried without; more time-consuming, but with; I feel sad because; in the communication process; contact with more people; there is someone who accompanies; care when he was a child; of communication, not because; better too; for instance; because I did not have it; I feel sad because; but, otherwise, it could; contact only used the question; it is only to use the language; I am usually silent; he does not know what makes it difficult; he has never taken a sign language course; which led me to the; worries; with me as if; a lot and many; without the accompaniment of this assistant; it only uses the gestural question; used the question of some.

Source: designed by the authors.

Through the construction of the word tree, a diversity of interpretations about the presence of family members during health care was identified, with an ambiguous interpretation in the search for a balance between the need for family presence and the search for their own autonomy. There was also the presence of the mother figure in the speeches:

I always go with my mother in these places and the mother who talks to the doctor and I don't communicate. Then, it is usually my mother who says what I'm feeling, but, in fact, you don't know if it is what I'm feeling or not, then it's as if it were my mother's consultation with the doctor. (P1).

If my mother doesn't go with me and I'm sick, how am I going to be able to say what I'm feeling? (P3).

Often, the hearing family member may not allow the deaf person to actively participate in the conversation, as he/she is the one who is reporting to the health professional and receiving guidance, not allowing the deaf person himself/herself to explain his/her health condition and have the opportunity to expose his/her doubts. Consequently, the care received by the deaf person can be translated into neglect and lack of interest of the professionals with his/her health situation.

Discussion

Regarding health care, it can be highlighted that it is directly linked to interpersonal relationships, which provides a connection that will be built from the first consultation with the patient and maintained until the moment of procedures and guidance, which favors good accessibility during care.

Currently, deaf people do not receive adequate and satisfactory hospital or primary health care, with frustration rates and a lack of solvability(5). Some changes could transform the deaf people's experience of health services, receiving them into the health system in a humanized way and reducing the marginalization they face in a society built around hearing people.

From this perspective, health institutions can implement strategies aimed at accessibility and social inclusion to promote the autonomy of deaf people. It is worth pointing out that autonomy and equality are intertwined. For an individual to have autonomy, he/she must be on an equal footing with the society where he/she lives, with opportunities offered in a way that is adapted to his/her special needs. In the case of deaf people, the communication barrier with health professionals, for example, negatively influences the care they receive, as well as in terms of preparing these individuals for self-care(11).

A study that aimed to carry out an integrative literature review on the relationship between doctors and deaf female patients identified that the main difficulty in medical care during the pregnancy-puerperal cycle is accessibility and communication. The six papers analyzed in the study pointed to doctors' lack of knowledge of Libras. It also highlighted the urgent need for health professionals who interact with deaf people to be trained in inclusion, effective communication, and respect for rights(12).

The failure to include Libras in the training of health professionals was highlighted as a gap in a publication that aimed to identify communication methods used to assist the deaf in health services, investigate the bond between deaf people and health professionals and the deaf people's perceptions regarding reception in health services. The study suggests the implementation of Libras as a compulsory subject, which is in line with legislation and the training of health professionals in terms of equality, respect, and solvability(13).

The lack of communication between deaf people and health professionals sometimes leads to insecurity and dissatisfaction. Communication is compromised, as the deaf person is unable to express his/her health condition through gestures alone, and the health professional does little to interact clearly and efficiently, in order to give visibility to the care he/she is going to provide, when the deaf person is unaccompanied and/or the health professional does not know Libras.

A study published in 2020 reinforces that, in order to ensure real accessibility for deaf users to health services, at all levels of care, multimodal planning must be carried out, with incentives to develop competence in Libras, hiring qualified interpreters for assistance in health services, inclusion, and familiarization with digital technologies for interpreting/translating between Libras and Portuguese(14).

However, although the presence of an interpreter is valued, there are reservations about trust, availability, embarrassment, and exposure to someone other than the health professional. It is understood that the bond occurs when the client feels understood, listening without intermediaries, and that the presence of an interpreter improves, but does not fully contribute to the social inclusion of deaf people(15).

By narrating their perceptions of nursing care, the participants not only transmitted information, but also made it possible to capture their vision of the care they were given, and it was identified that they did not differentiate between nurses and nursing technicians in the care environments they were in. Most nursing staff are still unprepared to care for people with special needs, which directly affects the quality of care. This unpreparedness can be seen as contributing to the lack of appreciation and recognition of nurses in health care settings by the hearing impaired or deaf people(16).

Bearing in mind that assertive communication is favored by the establishment of a link between the health professional and the deaf person, it was possible to highlight, in the participants' speeches, the predominant obstacles faced by deaf people with regard to health care. The lack of interpreters in health services and the lack of use of sign language by nursing professionals were found to be corroborated by studies previously published(17-18).

As for the use of communication strategies and tools that can be used during nursing care in an appropriate way for people with deafness, few professionals use or are aware of the existence of these available communication tools(16). The apps launched to help deaf people communicate with hearing people have many benefits, mainly facilitating communication and understanding between both parties.

For the professional nurse, the difficulty faced in communicating with deaf people is challenging, especially when considering the work dynamic based on effective communication, trust, the exchange of information pertinent to direct care, especially the need for detailed knowledge of the health and illness history of these individuals(5).

Nurses must be prepared, up-to-date and, above all, willing to face adversities, serving as support, providing adequate information, suggesting possibilities to refer the deaf patients to the necessary services, if appropriate, in the search for a good interaction with these patients(16).

From this perspective, it is evident that the care that the deaf people receive from the nursing team is not similar to what is their rights by law. In this context, the right to participate in decision-making about their health, the right to up-to-date, relevant, and understandable information about their diagnosis, treatment and prognosis, the right to know the identity of doctors, nurses and others involved in their care, including students, or the right to have an interpreter when their language is not understood, are emphasized. Only after the aforementioned issues have been addressed can we say that the deaf person is being supported in his/her health and nursing interventions(19).

The interviews made it possible to see that when non-verbal communication does not take place, a barrier is built up that makes it difficult to establish a bond between the deaf person and the nursing professional. To overcome this obstacle, some adaptations are needed on the part of nursing professionals, such as the appropriation of the use of Libras, the presence or reference of access to a Libras interpreter in care and the willingness to think about the situation in order to mediate in a resolutive way. These are measures that enhance effective communication and the promotion of humanized and comprehensive care for deaf people.

Also, with regard to the barriers to assertive communication, a reflective study that aimed to discuss the obstacles experienced by the deaf population during the COVID-19 pandemic, pointed out that, during the provision of health care to deaf people, face masks were used, as is well known for the health and prevention of the entire population. The mask was an ally in the fight against COVID-19, but it prevented lip-reading and the visualization of facial expressions, which are essential for communicating with deaf people. One strategy used to deal with this obstacle was to use transparent masks when caring for deaf users(20).

Another point that has an impact on communication with deaf people, and which is plausible for discussion, is that although writing is a common form of communication between deaf people and health professionals, it is not the best way to provide information. Libras has its own syntax, the ordering of words in sentences can be distinguished from the oral modality and allows accessibility to the technical language of communication, which facilitates individual and collective health care(21).

It is essential for health professionals to be able to help the family cope with the situation, as well as encourage the healthy growth and development of deaf adolescents, changing negative thoughts, reducing the feeling of guilt, and giving new meanings to the quality of life(22).

The deaf person is an individual who is also subject to the development of health problems inherent to all human beings and, on the other hand, the presence of family members, or even a companion, makes it possible to connect with health professionals. In this context, the aim is to highlight the importance of valuing and looking at the patient, because even though verbal communication can take place between the health professional and the family member or companion, it should not be forgotten that the patient is capable of expressing himself/herself in various ways. It is also necessary to work with society, especially the hearing community, to have a more humanized view of others, to know how to respect the differences that exist between them(19,22).

Parents develop different perceptions and meanings about their child's hearing impairment, built up over the course of their relationship with the world. Family care is necessary to provide support and insertion into the deaf person's family life cycle, favoring human development as they provide affection, protection, and security within a receptive and inclusive space.

Some parents often acquire knowledge and special communication methods to interact with their deaf children. It is in the family that the process of inclusion and integration begins, which develops gradually over the course of a few days, starting with a new language, be it Libras and/or lip-reading. However different or difficult the adaptation process may be, it requires persistence in the family and in other social spaces.

The presence of deaf people's families in health care is constant and, in most cases, the family member who accompanies them knows their needs and can volunteer to interpret and mediate communication, given the difficulty between health professionals and deaf users. In the meantime, the practice of having a companion is commonplace in health care, becoming an essential communication strategy used as an aid.

The participation of the family, which accompanies the transition of care and the process of development, both linguistic, discursive, cognitive, emotional, and social, becomes fundamental, and family members can be sensitized to the importance of communication between the two, since, through Libras, this dialogue can flow satisfactorily and thus make living together easier and more pleasant(2,23).

The study had some limitations, including the fact that it was carried out in the midst of the COVID-19 pandemic, through digital interaction, and in a single institution, but the participants were already used to talking to the interpreters who helped with the research, facilitating its development.

This study contributes to the scientific community by making it possible to see the perceptions of deaf people regarding communication in health care and encourages discussions regarding access and acceptance in health care that differs from that of hearing people, the need for family presence, the search for autonomy and the use of written communication with deaf people. It also highlights to nursing staff that deaf people need a more accurate look from these professionals when they seek to meet their basic human needs.

Final Considerations

This research made it possible to understand the perceptions of deaf people regarding communication in health care, the care provided by the nursing team and the participation of family members in care situations. Given this panorama, this study was important and timely.

It is believed that it is part of the health care team's practice to know that written communication, despite being the most common, is not the best way to provide information. The health team should be aware of the fact that, although the deaf person is accompanied to a consultation, they may not want a third party to be present during the consultation. The presence of a family member or companion during health care may or may not be comfortable for the deaf person, as this presence can cause frustration due to a lack of independence, causing embarrassment in relation to the personal information shared.

It is observed that, despite the existing laws and decrees, there is still an obstacle in the interaction with the nurse, which requires the ability of these professionals to care for deaf people, in order to favor the interaction between patient and professional, so that satisfactory care occurs for both parties.

The discussion of health care as a factor of social inclusion does not end with this study, but points to the need for new research that sensitizes and clarifies health professionals to better serve deaf people. In addition to the use of Libras, one can think about the training of health professionals and the sensitization of the family of the deaf child on issues that go beyond Libras, which provides opportunities for the deaf individual to be respected in the search for autonomy and inclusion.

Publications on nursing care provided to the deaf are still scarce. It is suggested that more research be carried out on the subject that can help both the technical performance and the management of nursing care. Continuous and in-depth studies are necessary due to the complexity of the theme and impact on society, aimed at deaf people, family members, companions, and health professionals, especially nurses, due to the proximity in care.

Collaborations:

1 – conception and planning of the project: Carolaine Augusti dos Santos and Vivian Lemes Lobo Bittencourt;

2 – analysis and interpretation of the data: Carolaine Augusti dos Santos, Liciara Daiane Zwan and Vivian Lemes Lobo Bittencourt;

3 – writing and/or critical review: Carolaine Augusti dos Santos, Alessandra Frizzo da Silva and Vivian Lemes Lobo Bittencourt;

4 – approval of the final version: Vivian Lemes Lobo Bittencourt.

Conflicts of interest

There are no conflicts of interest

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